



STATE OF WASHINGTON  
DEPARTMENT OF COMMUNITY,  
TRADE AND ECONOMIC DEVELOPMENT  
**CTED/OCD Office of Manufactured Housing**  
PO Box 48350 Olympia WA 98504-8350  
360-725-2971 or 1-800-964-0852

## APPLICATION FOR MANUFACTURED HOME INSTALLER TRAINING AND CERTIFICATION

### 1. Purpose of Application

*Please check boxes that apply*

- |  |   |
|--|---|
| <input type="checkbox"/> Installer Training/Certification (first time) \$200 | <input type="checkbox"/> Installer Training Class Only (no certification) \$100 |
| Installer Certification Renewal  | Continuing Education Class (certified installers only)                          |
| <input type="checkbox"/> Timely Renewal (not expired) \$100                  | <input type="checkbox"/> 4-hour course \$ 40                                    |
| <input type="checkbox"/> Lapsed Renewal (certification expired) \$200        | <input type="checkbox"/> 12-hour course \$100                                   |

### 2. Applicant Information

*Please print clearly or type*

*All applicants must complete*

APPLICANT NAME (First, Middle Initial, Last)

- ☐ Mr.  
☐ Ms.  
☐ Mrs.

Home Phone: \_\_\_\_\_

Mailing  
Address: \_\_\_\_\_

(check one)

☐ Home ☐ Business

City \_\_\_\_\_

State \_\_\_\_\_

Home Phone/Zip Code \_\_\_\_\_

Business  
Name: (If applicable) \_\_\_\_\_

Business  
Phone: \_\_\_\_\_

Applicant is ☐ owner ☐ employee of this business.

E-mail Address: \_\_\_\_\_

### 3. Certification Information

*Applicants for Certification (first time or renewal) must complete*

Are you now or have you been certified to install manufactured homes in Washington State? ☐ Yes ☐ No

If **yes**, what was the last WAINS number issued to you? WAINS \_\_\_\_\_

If **no**, list your experience in the appropriate box. (REQUIREMENT: 6 mos. hands-on installation or 2 years residential construction)

\_\_\_\_\_ Month \_\_\_\_\_ Years ☐ Hands on installation ☐ Residential construction ☐ Both

Social Security No. \_\_\_\_\_ (Required for certification)

#### Date & Signature

*All information on this application is true and accurate to the best of my knowledge.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

### 4. Class Preference *Applications not post-marked by the cut-off date must include \$20 late application fee.*

Location \_\_\_\_\_ Dates \_\_\_\_\_

*Make checks payable to CTED and mail to:*

CTED/OCD/Office of Manufactured Housing  
PO Box 48350  
Olympia, Washington 98504-8350

#### OFFICE USE ONLY

☐ Application Accepted WAINS # \_\_\_\_\_

☐ Confirmation Sent Date: \_\_\_\_\_ ☐ Show ☐ No Show

☐ Payment Received Date: \_\_\_\_\_ From: \_\_\_\_\_

Exam Score \_\_\_\_\_ ☐ C & C sent Date: \_\_\_\_\_